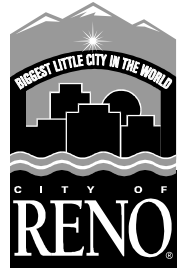




WELCOME TO THE 2010 SEASON OF **SUMMER** **NON-SPIKING VOLLEYBALL**



The City of Reno Parks, Recreation, and Community Services Department invites you to play in our **2010 SUMMER CO-ED NON-SPIKING VOLLEYBALL LEAGUE**. We will be accepting registrations from **Monday, May 17, 2010 through Monday, June 14, 2010**.

League play will begin June 24, 2010

Fees and Sign-ups:

May 17 – June 14, 2010

Fees are **\$150** for a one (1) night per week league. Registration fees include ten (10) league games and a single elimination post-season tournament. Payment methods are listed on the following page. **NO TEAM WILL BE ACCEPTED WITHOUT PAYMENT.**

Leagues Offered:

This is a co-ed, recreational, non-spiking volleyball league. Games for each division will play on Thursday nights.

League Information:

- Games will be played between two teams with a minimum of two (2) players and a maximum of six (6) players. There is a maximum roster of 10 people per team.
- The number of women on the court must be equal to, or greater than, the number of men on the court per team.

Game Locations and Times:

- Games will be played at Plumas Gym, 475 Monroe Avenue on Thursday nights.
- Game times are 6:30 pm, 7:35 pm, and 8:40 pm.

Awards:

- 1st and 2nd place trophies will be given to the league and tournament winners in each division.

Requirements to Participate:

- Teams will be accepted only when:
 - ✓ All fees are paid.
 - ✓ The team registration form is submitted with complete and detailed information **PRIOR TO THE REGISTRATION DEADLINE.**
 - ✓ Manager's agreement is signed and submitted.
- Managers will be called with your team's first game. Schedules and rule books will be available from the gym coordinator at your first game. It is the manager's responsibility to notify their team members of their schedule and to review and make all team members aware of the league rules.
- **Rosters must be turned in either at or before your first game. There is a liability issue if we do not have a complete, correct roster on file. If they are not turned in by the deadline you cannot continue to play until your roster is completed and on file in our office! Each player must read the waiver and sign his/her name to be eligible to play. Please – No Forgeries!** You should make your player aware that they are responsible for their own insurance.

Payment:

You may choose any one of the following ways to pay your fees:

1. Payment may be made in person by cash, check, or charge (Visa or MasterCard only) at the Evelyn Mount Northeast Community Center, located at 1301 Valley Road, Monday through Friday, 7 am to 8 pm; Saturday and Sunday 9 am to 4 pm.
2. Payment may be made through the mail, by check or charge (Visa or MasterCard only) by mailing your registration material and payment method to the Evelyn Mount Northeast Community Center, 1301 Valley Rd., Reno NV 89512, Attention: Athletics. *Please make checks payable to the City of Reno.* Please note the City of Reno is not responsible for lost and/or misdirected mail.
3. You may fax the registration information, with a credit card payment to 326-6677.

If paying by credit card, please complete and return the bottom portion of this notice. WE MUST HAVE THE SIGNATURE OF THE CARD HOLDER IN ORDER TO PROCESS THE PAYMENT.

Important Reminders:

- Please complete the registration form completely, listing both a manager and co-manager with phone numbers so we can notify someone in case of game cancellations and schedule changes.
- Parks, Recreation, and Community Services Department:
Evelyn Mount Northeast Community Center, 1301 Valley Road, Reno, NV 89512.
- Deadline to register – Monday, June 14th, 2010. Registration will be accepted on a first-come, first served basis.

Questions? Please call the Athletics Office at 334-2262

Credit Card Information (Circle One):

Visa

MasterCard

Account #: _____

Expiration Date: _____

Amount Paid: _____

Name as Shown on Account: _____

Customer's Signature: _____

Card Holder's Street Address: _____

Zip Code: _____

Phone Number: (Daytime) _____

(Evening) _____

Email Address: _____

**CITY OF RENO 2010 SUMMER CO-ED NON-SPIKING VOLLEYBALL
TEAM REGISTRATION FORM**

Team Name: _____ New Team _____

Team Name Last Year: _____ Returning Team _____

MANAGER: _____

Home Address _____ City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Fax: _____

E-mail: _____

CO-MANAGER: _____

Home Phone: _____ Work Phone: _____ Fax: _____

LEAGUE PREFERENCE: (Circle One)

(A League
STRONGER

B League)
WEAKER

FOR OFFICE USE ONLY

League \$ _____

Receipt #(s) _____

Input into Class _____

FEES:

Regular Registration (5/17– 6/14/10)

\$150.00

Course #60806

Late Registration (after 6/15)

\$200.00

Course #60807

Waiver and Release

Unconditional Waiver: I (parent/guardian) on behalf of myself, my spouse, my parents and my children, agree that in the event I or my child/ward sustains personal injury or property damage as a result of participation in any program offered through the City of Reno, Parks, Recreation & Community Services Department, that the City of Reno and its employees will not be liable for such injury or damage.

Assumption of the Risk: I understand that it is my responsibility to inquire about the parameters of a program's activities and to assess the ability of myself and my child/ward to safely participate in the program. I further understand that certain activities are potentially dangerous, and I assume on behalf of myself and my child/ward all risks associated with participation in any program.

Effect: I understand that this Waiver and Release is binding as to my family members, heirs and executors. In case of medical emergency, accident or illness, the City of Reno staff has permission to secure medical attention as deemed necessary and staff will communicate with parent, guardian or emergency contact.

Team Responsibility Statement: I, _____, as Manager of this team agree to abide by all league rules and regulations. I further agree that the above team will be responsible for any damage to City of Reno property or the property of others, as well as injury to others resulting from any activity in which the above team or its members are participating.

I acknowledge that I will read and become familiar with the program policy information, and I agree to abide by the terms and requirements described therein. I understand that if my team is removed from the league a refund will not be issued for remaining and/or unplayed games. I further understand that the City of Reno reserves the right to edit team names. I further agree that if I do not understand any portion of the material, I will call the Administration Office for further explanation.

Signature _____ Date _____